

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	AGENT FOR TREATMENT OF METABOLIC BONE DISEASE
Attorney Docket Number::	MOTOMIYA1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yoshihiro

Middle Name::	
Family Name::	MOTOMIYA
Name Suffix::	
City of Residence::	Kashihara-shi
State or Province of Residence::	Nara
Country of Residence::	Japan
Street of Mailing Address::	4-5-16, Naizen-cho
City of Mailing Address::	Kashihara-shi
State or Province of Mailing Address::	Nara
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	634-0804
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yoshiyuki
Middle Name::	
Family Name::	MORIGUCHI
Name Suffix::	
City of Residence::	Toshima-ku
State or Province of Residence::	Tokyo
Country of Residence::	Japan
Street of Mailing Address::	c/o Chugai Seiyaku Kabushiki Kaisha of 41-8, Takada 3-chome
City of Mailing Address::	Toshima-ku
State or Province of Mailing Address::	Tokyo
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	171-8545
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Hiroyuki
Middle Name::	
Family Name::	OHKAWA

Name Suffix::  
City of Residence:: Toshima-ku  
State or Province of Residence:: Tokyo  
Country of Residence:: Japan  
Street of Mailing Address:: c/o Chugai Seiyaku Kabushiki Kaisha 41-  
8, Takada 3-chome

City of Mailing Address:: Toshima-ku  
State or Province of Mailing Address:: Tokyo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 171-8545

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/JP03/07198	06/06/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	165544/2002	06/06/02	Yes

**Assignment Information**

Assignee Name:: Chugai Seiyaku Kabushiki Kaisha  
Street of Mailing Address:: 41-8, Takada 3-chome  
City of Mailing Address:: Toshima-ku  
State or Province of Mailing Address:: Tokyo  
Country of Mailing Address:: Japan  
Postal or Zip Code of Mailing Address:: 171-8545